

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

FILED SEP 12 1941

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 27542  
Registrar's No. 3200

Registration District No. 399

Primary Registration District No. 1002

1. PLACE OF DEATH:

(a) County Jackson  
(b) City or town Kansas City mo  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: St Joseph Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 4 days (Specify whether years, months or days)  
In this community 4 days

3. (a) PRINT FULL NAME

John Martin Ehrhardt

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex Male 5. Color or race W 6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife Annis Ehrhardt 6. (c) Age of husband or wife if alive 68 years  
7. Birth date of deceased July 1 1875 (Month) (Day) (Year)

8. AGE: Years 66 Months 1 Days 22 If less than one day hr. min.

9. Birthplace Mo. n (City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

MOTHER FATHER { 12. Name John Henry Ehrhardt  
13. Birthplace Germany (City, town, or county) (State or foreign country)  
14. Maiden name Mary Ann Robinson  
15. Birthplace Mo. n (City, town, or county) (State or foreign country)

16. (a) Informant Annis Ehrhardt  
(b) Address Keytesville mo

17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)  
(c) Place: burial or cremation Keytesville mo

18. (a) Signature of funeral director W. C. F. Fowle  
(b) Address 24/41

19. (a) (Date received local registrar) (b) M. M. Crown (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Chariton 021  
(c) City or town Keytesville Rural 0  
(If outside city or town limits, write "RURAL")  
(d) Street No. (If rural, give location)  
(e) If foreign born, how long in U. S. A.? 1 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 23 year 1941 hour 5 minute 25 P. M.

21. I hereby certify that I attended the deceased from August 1941 to August 23 1941  
that I last saw him alive on August 23 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death Acute yellow atrophy of liver Duration 17 days

Due to Cause unknown

Due to 179

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy above findings

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)  
(b) Date of occurrence 123  
(c) Where did injury occur? (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (e) Means of injury

23. Signature M. M. Crown (M. D. or other) MD  
Address K.C. mo Date signed 8/29/41

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

18  
3  
8

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**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**

ELLERY M. HETHERINGTON, M. D.

W. MERRITT KETCHAM, M. D.

1408 WALDHEIM BUILDING

KANSAS CITY, MO.

September 9, 1941

Missouri State Board of Health  
Bureau of Vital Statistics  
Jefferson City, Missouri

Gentlemen:

On the death certificate of Mr. John Ehrehardt, Kansas City, Missouri, who died on August 23, 1941, the cause of death was given as Acute Yellow Atrophy of the Liver, the cause of which was stated as unknown.

Additional evidence at this time reveals that this patient had been taking Cinchophen for a period of twelve days previous to the attack of jaundice, and that the cause of the Acute Yellow Atrophy of the Liver should be given as Cinchophen poisoning.

Yours very sincerely,



W. MERRITT KETCHAM, M.D.

5-27542